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LIBERTYVILL	E, IL 60048-5343			Denlice Ko	veger	(Depositor's name)	
				(phice)	theall	(Signature)	
				Julya	2008	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/650,643	08/28/2003		David B. Cranfill		CS22428RL	7465	
TITLE OF INVENTION	: MULTIFUNCTION T	RANSDUCER AND ME	THOD OF DRIVING				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/03/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
NI, SUHAN		2614	381-386000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Motorola, Inc. Schaumburg, IL.							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🂢 Corporation or other private group entity 🗖 Government							
4a. The following fee(s) Issue Fee Publication Fee (N	Io small entity discount p		A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).				
5. Change in Entity Sta	•	<i></i>					
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Authorized Signature Date Du (y Z, 7008) Typed or printed name Registration No. 34, 479							
Typed or printed name	· Kandall,	S: Voas	r -				
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